

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS

12

13

14

15

16

17

18

TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS

19